

Chamorro Land Trust Commission

P.O. Box 2950 Hagatna, Guam 96932

Phone: 649-5263 Ext. 435

Name of Applicant: _____ **SSN:** _____

☐ **Request To Change Application Type**

[] Residential to Agricultural

[] Agricultural to Residential

☐ **Request to Change Beneficiary**

(Must provide documents to show proof of eligibility)

(From OLD Beneficiary)

Name: _____

SSN: _____

(To NEW Beneficiary)

Name: _____

SSN: _____

Relation to applicant: _____

☐ **Request To Add Spouse / Partner's Name on Application / Lease**

(Must provide documents to show proof of eligibility)

Name: _____

SSN: _____

Relation to applicant: _____

(Do not sign until in the presence of a Notary Public)

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Subscribed and sworn to before me this _____ day of _____, _____ by

Notary Public: _____

(SEAL)

APPROVED BY:

DAVID V. CAMACHO
Deputy Director

Revised: 04/26/2013

Date: _____